DRAFT SOUTH DAKOTA CHARTER DOCUMENT
For
RECOVERY-ORIENTED SYSTEM TRANSFORMATION
For
Adults, Children, and Familes
With
Mental Health, Substance Abuse, and Developmental Disorders and Disabilities

INITIAL VERSION
FOCUSING ON
CCISC IMPLEMENTATION
AND
CO-OCCURRING PSYCHIATRIC AND SUBSTANCE DISORDERS AND DISABILITIES

DRAFT

Vision:

In the past three years, the South Dakota behavioral health system has made a major commitment to transform the delivery of services to individuals and families with mh, sa, and developmental disorders and disabilities. This process has involved four major initiatives: recovery oriented services, children's systems of care, cultural competency development, and integration of services for co-occurring disorders and disabilities (CODD). We now recognize that these are not four separate

processes but that they are actually becoming part of one transformation process that needs to be lined up for all the participants: state agencies, providers, clinicians, consumers, and families.

We recognize that this transformation process has several common features across all the initiatives that reflect the unifying theme:

- Services that are **welcoming**, are consumer driven, and are person and family centered
- Services that are hopeful, empathic, culturally appropriate, integrated, continuous, and recovery oriented
- System change efforts that involve a partnership in quality improvement that welcomes, includes, and empowers all levels of the system, including consumers, families and other stakeholders, in the CQI change process, and includes MH, CD, and DD services in all aspects of the process
- Development of regional partnerships between services and agencies to facilitate the creation of an integrated and collaborative system of care
- Modification of state and provider policies, procedures, regulations, and rules to support the improvement of clinical practice, step by step over time
- Creation of an organized empowered clinical training infrastructure throughout the state to develop the ongoing clinical practice change at the level of each program and each clinician

In order to organize the implementation of this complex process, we believe it will be helpful to develop an overarching charter document to describe the activities for all participants in this partnership. As a starting place for developing such an overarching charter, we are providing this developmental charter, which focuses specifically on individuals and families with codd, because they are present in every component of our service system. This starting place charter will over time become modified so that all system transformation activities become folded into it, and are consistently aligned with it, rather than experienced as separate and competing energy.

CODD Overview

. Individuals and families with co-occurring psychiatric and substance disorders and disabilities (CODD) in South Dakota are recognized as a

population with poorer outcomes and higher costs in multiple clinical domains. They reflect the fact that all of our clients and families are likely to have complex needs that involve many different systems and services. These individuals are frequently inadequately served in both mental health and substance abuse treatment or other disability settings, resulting in over-utilization of resources in the service systems they routinely access. In addition to having poor outcomes and high costs, individuals with CODD are prevalent in all behavioral health settings. The prevalence of CODD should be considered an expectation, rather than an exception within service systems.

In 2003 South Dakota appointed a team to attend a national policy academy and provide recommendations for system transformation. The team developed a report that contained specific recommendations for implementing a range of state level systems change strategies to provide more welcoming, accessible, integrated, continuous, and comprehensive services to individuals with CODD. In order to implement the recommendations of this report, South Dakota has convened key stakeholders including consumers, providers, higher education, advocacy groups, tribal representatives, state government officials and other interested parties that have agreed to adopt the Comprehensive, Continuous, Integrated System of Care (CCISC) model for designing statewide systems change to improve access and outcomes for individuals with CODD. These stakeholders are committed to transforming the system to address CODD needs within the context of existing resources. This model is based on the following eight clinical consensus best practice principles (Minkoff, 1998, 2000). **These principles are consistent with a vision of recovery oriented person and family centered services, and with organized collaboration between all components of the system to meet the needs of consumers and families.**

1. CODD is an expectation, not an exception. This expectation has to be included in every aspect of system planning, program design, clinical procedure, and clinician competency, and incorporated in a welcoming manner into every clinical contact. **Welcoming individuals and families into care, particularly those with more complex needs, is a critical feature of recovery oriented system transformation.**
2. The core of treatment success in any setting is the availability of empathic, hopeful, person and family centered recovery-oriented treatment partnerships that provide integrated treatment and coordination of care

during each episode of care, and, for the most complex patients, provide continuity of care across multiple treatment episodes.

3. Assignment of responsibility for provision of such partnerships can be determined using the four quadrant national consensus model for system level planning, based on high and low severity of the psychiatric and substance disorder. A similar approach can be used to design service planning and locus of care for individuals with high or low severity of cognitive or developmental disability.

4. Within the context of any treatment relationship, continuing support and care, based on the person's impairment or disability, must be balanced with empathic detachment, contracting, and opportunity for contingent learning, based on the person's goals and strengths, and availability of appropriate positive supports and contingencies to promote learning. A comprehensive system of care will have a range of programs that provide this balance in different ways.

5. When CODD is present, each disorder or disability should be considered primary, and integrated multiple primary treatment is optimal. Individuals and families are assisted to develop the skills and supports they need to be successful in adhering to treatment recommendations for each primary problem in order to achieve person-centered and family-centered goals.

6. Mental illness and substance dependence are examples of chronic disorders that can be understood using a culturally responsive **recovery model.** These disorders have parallel phases of recovery (acute stabilization, engagement and motivational enhancement, prolonged stabilization and relapse prevention, rehabilitation and growth) and stages of change. Treatment must be matched not only to the diagnosis, but also to the phase of recovery and the stage of change. Treatment interventions are also matched to level of cognitive ability.

7. Outcomes must be individualized to reflect the fact that successful progress toward recovery often occurs slowly, and must recognize outcomes such as harm reduction; movement through stages of change; changes in type, frequency, and amounts of substance use or psychiatric symptoms; improvement in specific disease management skills and treatment adherence, improvement in life skills, relationships, and community functioning, and improvement in pride, satisfaction and quality of life.

Using these principles, we have agreed to implement a CCISC in South Dakota, with the following four core characteristics. These features of

CCISC as applied to CODD can also reflect over time the development of core capabilities for recovery oriented services, system of care development, and cultural competency.

1. The CCISC requires participation from all components of the behavioral health system, with the expectation of achieving CODD standards and planning services to respond to the needs of persons with CODD.
2. The CCISC will be implemented initially with no new funding, within the context of existing treatment resources, by maximizing the capacity to provide reimbursable welcoming, recovery oriented integrated treatment proactively within each single funding stream, contract, and service code.
3. The CCISC will incorporate utilization of the full range of evidence-based best practices and clinical consensus best practices for individuals with mental health, SA, DD, and CODD and promotes integration of appropriately matched best practice(s) treatments for individuals with CODD.
4. The CCISC will incorporate an integrated treatment philosophy and common language using the seven principles listed above, to develop specific strategies to implement clinical programs, procedures, and practices in accordance with the principles throughout the system of care.

Action Plan

Action Steps for the State of South Dakota: ***Note: many of these action steps can be envisioned for future versions of this charter, so that all the actions involve all elements of transformation within a single unified process of change.***

1. Participating organizations or entities will each adopt this consensus document as an official policy statement, and disseminate it in official material to their constituencies, and incorporate its elements into official planning documents and other publications.
2. The CODD Steering Committee **(see attached membership list)** will provide project management, leadership and a representative partnership between the State and stakeholders and will oversee the planning and development of an infrastructure to communicate progress. The CODD Steering Committee will be collaborating and coordinating with Recovery Oriented Clinical Management Team and System of Care Clinical Management Team to figure out the best way to develop a unified

transformation infrastructure over time. In addition, CD will become represented on both ROCMT and SoCCMT as part of this process.

3. The CODD Steering Committee will have regular meetings and will evaluate membership and participation opportunities to ensure that all constituencies are officially represented.

4. All provider, consumer, and family organizations, including, but not limited to those represented on the CODD Steering Committee, will be offered an opportunity to participate in implementation of CODD plan.

5. Create an organized communication network that disseminates information to all stakeholders in an organized and complete manner. Our goal is to provide consistent communication across all three divisions on all three initiatives, so that provider agencies and stakeholders experience a progressively more unified and integrated communication process over time.

6. State will promote opportunities for providers to acquire core competencies to facilitate the delivery of CODD services. These core competencies will be aligned with competencies regarding recovery oriented services and system of care development generally, such as development of integrated recovery-oriented person and family-centered screening and assessment processes.

7. State will encourage providers/entities in each region to organize system development activities on a local level. These activities will be aligned with existing regional system development activities.

8. As a priority for clinical practice development that is fundamental to all aspects of recovery oriented person and family centered service delivery, the State will develop policies regarding **welcoming** CODD and other complex persons and families into services.

9. State will initially encourage provider agencies to participate in this project voluntarily and will gradually increase expectations for providers to participate in continuous quality improvement activities to promote systems transformation and attainment of CODD capability, as part of contract requirements in future years

10. State will utilize the COFIT as a system fidelity outcome tool as part of its own continuous quality improvement process for measuring progress in CCISC implementation to create a baseline score and continue to use the tool at twelve month intervals to measure progress in this initiative

11. State will develop an initial process for regulatory clarification of what is permissible in CODD services and develop a process to review and revise rules and regulations.

12. DHS will collaborate with Medicaid to issue interpretive guidelines of existing regulations to clarify how providers can most efficiently use their existing funding to receive reimbursement for integrated treatment and to promote the capability of providers to offer co-located CODD services.
13. DHS will develop definitions and policies regarding provision of universal screening, identification, and data collection for CODD service and will work with other state agencies and outside entities to enable each information system to collect uniform data on CODD prevalence.
14. State will continue plans to assist in developing local capacity for crisis stabilization that addresses CODD.
15. State will develop mechanisms to organize statewide training (including a train the trainer initiative) and technical assistance to providers participating in this initiative (whether voluntarily or through contract requirement) to help each provider achieve implementation of the action steps listed below. The statewide training infrastructure will be aligned to support all aspects of recovery oriented system of care development for adults, children, and families with mh, sa, and dd needs.
16. State will invite tribal entities and others representing the needs of the Native American community to collaborate with the CODD Steering Committee and ensure that culturally responsive service needs are addressed**.**

Action Steps for Providers and for Family, Consumer, and Provider Organizations: ***Note: many of these action steps can be envisioned for future versions of this charter, so that all the actions involve all elements of transformation within a single unified process of change.***

1. Provide official communication of participation to the State. Adopt this consensus document as an official policy statement of the agency or participating organization, with approval of the governing board or equivalent. Circulate the approved document to all staff or members, including consumers and families involved in organizational change, and provide basic introductory training to all staff and involved consumers/families regarding the principles, the CCISC model, and what is going on in statewide transformation activities.
2. Assign appropriately empowered leadership, staff, consumers, and families to participate in developing an empowered leadership team at the agency/entity level for internal quality improvement

in this project, as well as representatives to participate in state level integrated system planning and program development activities. Agencies are encouraged to create a unified quality improvement process to address all aspects of transformation, and to adapt the improvement activities to fit their own agency development priorities.

3. Adopt the goal of achieving CODD capability as part of the agency's/entity's short and long range strategic planning and quality improvement processes.

4. Participate in a self-survey engaging all levels of staff in using the COMPASS at twelve month intervals to evaluate the current baseline status of CODD capability. The experience of participatory democratic self-survey conversation is an important component of all aspects of empowered system transformation and continuous quality improvement.

5. Develop a quality improvement action plan outlining measurable changes at the agency/entity level, the program level, the clinical practice level, and the clinician competency level to move toward CODD. Monitor the progress of the action plan at six-month intervals. Participate in system wide training and technical assistance with regard to implementation of the action plan.

6. As a clinical practice development priority that relates to all aspects of transformation, participate in system wide efforts to improve **welcoming engagement** and access for individuals and families with CODD by adopting specific welcoming policies, materials, and expected staff competencies.

7. Participate in system wide efforts to improve identification and reporting of individuals with CODD by incorporating specific improvements in screening and data collection in the action planning process.

8. Participate in system wide efforts to enhance efficiency of utilization of existing funding for integrated treatment.

9. Develop procedures to provide access to on-site CODD screening to facilitate linkages to continuing care for persons with CODD.

10. Assign appropriate clinical leadership to participate in regionally-based interagency systems planning.

11. Agree to participate in ongoing technical assistance/training and support to ensure consistent development and implementation of systems transformation efforts.

12. Invite staff, consumers, and families to participate in system wide efforts to develop CODD capability standards, and systemic policies

and procedures to support welcoming access in both emergency and routine situations.

13. Participate in system wide efforts to identify scopes of practice, as well as core competencies **(**attitudes, values, knowledge, and skills) for all clinical direct service staff regarding CODD, and adopt the goal of CODD competency for all clinicians as part of the long range plan.

14. Participate in clinical direct service staff competency self survey using the CODECAT at twelve month intervals, and use the findings to develop an agency specific training and CODD competency development plan.

15. Identify appropriate clinical and administrative staff, as well as consumers and families to participate as trainers/change agents in the systems and to participate in the implementation of the agency's/entity's CODD action plan, and align these trainers/change agents to help the agency achieve implementation of all aspects of system transformation.